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# Assessment of St. Thomas University's Quality Assurance Policy and Procedures



The Council of Maritime Premiers

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# Assessment of St. Thomas University's Quality Assurance Policy and Procedures

**Report prepared by the:**
AAU-MPHEC Quality Assurance Monitoring Committee

**Report approved by the:**
Maritime Provinces Higher Education Commission

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## 1. INTRODUCTION

The Maritime Provinces Higher Education Commission's Quality Assurance Monitoring Process was implemented in 1999 in response to the Commission's new mandate, which includes focussing on continuous quality improvement of programmes and teaching at post-secondary institutions.

The monitoring process was created to provide assurances to stakeholder groups and the general public that Maritime universities are committed to offering quality programmes and have sound quality assurance policies in place. The specific objective of the monitoring function is to ascertain that the procedures used by institutions to assess the quality of existing programmes, and other functions as appropriate, are performing adequately as quality control and quality improvement mechanisms. A key outcome of the process is to provide assistance and advice to institutions on ways to enhance their current quality assurance policy and procedures.

The Quality Assurance Monitoring Committee, a joint committee of the Association of Atlantic Universities (AAU) and the Maritime Provinces Higher Education Commission (MPHEC), carries out the monitoring function on behalf of the Commission. This Committee was established as a peer review committee whose purpose is to advise and assist the MPHEC in ensuring continuous improvement in the quality of academic programmes and of teaching at post-secondary institutions included within its scope by monitoring institutional quality assurance activities. The Committee's Terms of Reference and membership can be found under Appendix 3.

The Committee's main objective is to answer the following two questions while paying particular attention to each institution's mission and values:

1. How well is the institution achieving what it set out to accomplish in its quality assurance policy?
2. Is the institution doing what it should be doing in the area of quality assurance?

The monitoring function is made up of the following steps:

- an initial meeting between the university and the Committee;
- the submission by the university of its self-study;
- an analysis of all pertinent documentation by the Committee;
- a site visit;
- an assessment report prepared by the Committee;
- an institutional response;
- the release of the assessment report; and
- submission of the follow-up action plan by the University;

The quality assurance monitoring process began with a pilot phase. Two universities, Dalhousie University and St. Thomas University, volunteered to participate. Upon completion of the pilot phase, the Committee will review and modify, if necessary, the monitoring process based on its own assessment and feedback from both institutions involved in the pilot phase. Throughout the pilot phase, the Committee was encouraged by both Dalhousie and St. Thomas Universities' positive response to the process and

willingness to receive feedback from the Committee. The Committee expects to complete the monitoring process with the remaining institutions on the Commission's schedule over the next few years.

The Committee's assessment report begins with a description of the monitoring process and the activities leading up to this report, followed by an overview of the quality assurance policies and procedures at St. Thomas University. The report concludes by answering the two key questions of the monitoring function.

## 2. Description of the Monitoring Process with St. Thomas University

The initial meeting between the Monitoring Committee and St. Thomas University occurred on June 6, 2001 at which time the Committee clarified its expectations regarding the monitoring process, timelines, and self-study. The Committee was represented by Ms. Marie T. Mullally, Committee Chair, Dr. Don Wells, Committee member, and Ms. Mireille Duguay, MPHEC staff. Representing St. Thomas was Dr. Richard Myers, Vice President (Academic). At this meeting, the University received a copy of the *Guidelines for the Preparation of the Institutional Self-Study* and the *Assessment Criteria for the MPHEC Monitoring Process*. These two documents can be found under Appendix 3.

St. Thomas submitted to the Committee a self-study of its *Quality Assurance Policy* in October 2001 as per the agreed timeline. The Committee held a meeting on December 14, 2001 to review the self-study and to identify which areas were to be explored during the site visit.

The site visit occurred on February 19, 2002. Committee Chair, Ms. Marie T. Mullally, and Committee members, Dr. Don Wells, Dr. Henry Cowan and Dr. Ivan Dowling were present at this meeting as well as three MPHEC staff members. Representing St. Thomas's senior administration were Dr. Daniel O'Brien, President and Dr. Richard Myers, Vice President (Academic). Dr. Myers was present during the entire site visit while several members of faculty and a student representative also participated. The agenda for the site visit is included in Appendix 2.

On May 28, 2002, the Committee submitted to St. Thomas a draft of its Assessment Report of St. Thomas' Quality Assurance Policies and Procedures. The University was asked to validate the factual information contained in the document and to provide an initial reaction to the report. A response was received on September 20, 2002.

The Committee would like to extend its gratitude to St. Thomas for volunteering to be part of the pilot phase and for being responsive, prompt, and cooperative throughout the entire process.

## 3. Overview of St. Thomas University's Quality Assurance Policy and Procedures

St. Thomas University is a small, Catholic university that provides approximately 2,750 students with a post-secondary education. While the core of its programming is in arts at the undergraduate level, a small number of complementary programmes in social work, education and applied arts are also offered.

The following summary of St. Thomas' quality assurance policies and procedures is based on the information provided by the University throughout the monitoring process.

Formal policies in quality assurance were adopted in the early 1990's. By 1999, four different policies had been adopted, namely:

- Department Review Policy;
- Policy on Student Course Ratings;
- Policy on the Use of Student Course Ratings; and
- Graduate Satisfaction Survey.

These four measures were consolidated into a single *St. Thomas University Quality Assurance Policy* in 2000.

The overall objective of the *St. Thomas University Quality Assurance Policy* is to promote and maintain high quality undergraduate liberal learning through the following mechanisms:

- providing instructors and other service providers with feedback on their performance including both constructive suggestions and indications of areas in need of improvement;
- involving objective external experts in the assessment of quality, where appropriate;
- ensuring that supervisors and appropriate decision-makers respond to feedback and evaluation where appropriate; and
- providing for follow-up on any decisions made.

Roles and responsibilities for implementing and managing the policy are as follows:

- Final responsibility for the *Department Review Policy* rests with the University's Senate. Responsibility for implementing and managing the policy rests with the Senate Review Coordinating Committee.
- Final responsibility for the *Policy on Student Course Ratings* rests with the Vice-President (Academic). Responsibility for implementing and managing the process rests with the Registrar, who reports to the Vice-President (Academic).
- Final responsibility for the *Policy on the Use of Student Course Ratings* is divided in accordance with the use in question. The Vice-President (Academic) has responsibility for measures in relation to the use of course rating data for research and the use of course ratings to detect instructional problems. The Committee on Academic Staff has the responsibility for the provisions governing the use of course ratings in applications for tenure and promotion.
- Final responsibility for the *Graduate Satisfaction Survey* rests with the Vice-President (Academic).

The four measures within the policy are summarized below.

The *Department Review Policy* was established in 1991 and reviewed in 1997-1998, at which time minor changes were made to conform to the guidelines being established by the MPHEC. The purpose of this policy is to facilitate "continuing programme integrity and accountability". The programmes offered by each department are reviewed every seventh year. Each department is reviewed except for those who are subject to external accreditation reviews, which applies only to the Department of Social Work at this time.

Other than social work, all departments were reviewed in the first cycle of reviews and all are scheduled to be reviewed during the second cycle, including several interdisciplinary programmes such as religious studies, gender studies, and human rights. The policy requires that one student be involved in the preparation of the self-study and that each unit under review completes a self-study including an assessment of the programmes by two objective external experts, the review team, who base the assessment on the self-study and a campus visit. The policy states that the self-study be student-centred in order to assess the quality of learning. The Review Team's report is submitted simultaneously to the Senate and the department under review. The response by the Department is submitted to the Senate Review Coordinating Committee, created in 1993, which prepares recommendations for Senate's consideration. Senate votes to accept or reject non-monetary recommendations. Recommendations which carry monetary implications are accepted or rejected by the President. The department is expected to report on progress with the implementation of the recommendations approved by Senate annually, or until the recommendations have been implemented.

Dissemination of results from the review includes the circulation of the full documentation of all stages of the process to all members of the Senate, counting approximately 40 members including four students and the publication of minutes on the University's website. In addition, Senate meetings are open to the public. Traditionally, all faculty members of a department under review attend the meeting at which the Senate considers the review team's report.

The *Policy on Student Course Ratings* was established in 1993. This policy covers all courses and is a confidential process. A standard form comprised of 22 multiple-choice questions and two open-ended questions is completed anonymously by students. The instructor and the Vice President (Academic) receive the scores for the multiple-choice questions, but only the instructor sees the responses to the open-ended questions. Results are not communicated until all grades for the course have been submitted. Results of all course ratings are kept in binders in the Vice President (Academic)'s office to allow instructors access at any time to their evaluation results.

The *Policy on the Use of Student Course Ratings* was established in 1999. Student course ratings can be used as a means of improving teaching, as evidence of effective teaching in applications for tenure or promotion, and as material for scholarly research on teaching. Professors are invited to consult with either the Vice President (Academic) or the Learning and Teaching Development Committee for assistance in interpreting or responding to the results of a particular evaluation. The Learning and Teaching Development Committee is also responsible for detecting instructional problems. In this case, the Vice President (Academic) meets with instructors whose ratings negatively and substantially deviate from the university-wide averages in order to discuss the evaluation in a constructive manner. The Vice President (Academic) may also require an instructor to carry out other types of assessment or undertake appropriate professional development activities in cases where course ratings continue to be poor over time.

The *Annual Graduation Satisfaction Survey* was established in 1996. The survey is administered during the morning rehearsal for the Spring Convocation. It provides an opportunity for graduates to assess the University's success at helping them to achieve the broad goals of a liberal education. It also provides feedback on the University's performance in relation to registration services, business services, advising, extra curricular programming and so on. A report is submitted to the University President who presents it to the University's Board of Governors.

# 4. Assessment of St. Thomas University's quality assurance policy and procedures

## 4.1 How well is the institution's policy achieving what it set out to accomplish in the area of quality assurance?

Based on the documentation provided, St. Thomas' quality assurance policy has generally been implemented according to the procedures outlined in its policy.

The existing policy was implemented throughout the institution in a timely fashion. The first round of reviews was completed with minimal delays, course evaluations are being completed by students in all courses, course evaluations are being used according to the policy, and the graduation satisfaction survey is being administered each year. The only substantial delay highlighted by the University was that, during the second round of reviews, two reviews were postponed by a year due to a combination of retirements, sabbaticals, and new hirings.

The existence and implementation of the policy and procedures has allowed the University to develop accountability checks, better document its processes, and make adjustments on programme resources and curriculum when applicable. The Committee noted that the policy and procedures follow very closely the Commission's guidelines.

The University has implemented several modifications to the policy since its inception which seem to have significantly improved the process. The creation of the Senate Review Coordinating Committee in 1993, and the implementation of a review team consisting of two external reviewers during the departmental self-study process are welcome additions to the policy as they have improved both the continuity and the independence of the review process. As well, the naming of an Institutional Researcher will assist the University in the area of data collection and student tracking.

Between the initial meeting in June 2001 between the University and the Committee and the formal site visit in February 2002, the University finished drafting a policy to review its administrative units which should further extend the scope of its Quality Assurance Policy.

In order to further improve the implementation of the current policy, the Committee noted that while research and development is included in the existing policy, further emphasis could be placed on research and development during department reviews. Suggestions for improvement in this area are explained in more detail in section 4.2.1 "Broaden the scope of the quality assurance policy by including research and academic scholarship and all academic programmes".

St. Thomas' Quality Assurance Policy achieves the objectives of the policy. It provides instructors and other service providers with feedback on their performance, involves objective external experts in the assessment of quality, ensures that supervisors and appropriate decision-makers respond to feedback and evaluation and provides for follow-up on any decisions made.

### 4.2 Is the institution doing what it should be doing in the area of quality assurance?

As per the Commission's Guidelines for Institutional Quality Assurance Policies,[1] St. Thomas' current quality review processes include most of the elements which are deemed essential to a successful quality assurance policy. The policy

- ❑ reflects St. Thomas' mission and values;
- ❑ includes defined assessment criteria;
- ❑ includes a self-study component;
- ❑ entails an external review component;
- ❑ provides students with opportunities to provide input into their learning process;
- ❑ incorporates the participation of faculty not directly involved in the reviewed programme;à
- ❑ emphasizes teaching quality;
- ❑ includes a follow-up component to the assessment; and
- ❑ includes a clearly defined review cycle.

In order to better align STU's policy with the Commission's guidelines and to enhance the overall quality of its review procedure, the Monitoring Committee has a number of suggestions for STU which are organized as follows:

1. Broaden the scope of the quality assurance policy by including research and academic scholarship and all academic programmes;
2. Strengthen support to quality teaching;
3. Improve the continuity of the decision-making process;
4. Modify the composition of the review team;
5. Review the policy on a regular basis; and
6. Increase community involvement and awareness.

During the site visit, a number of other questions were raised. These questions are recorded, with possible suggestions as to how St. Thomas could address them in Appendix 1 of this report. The Committee believes that, while not directly related to the monitoring process, St. Thomas University may find that Appendix 1 contains useful and value-added information.

#### *4.2.1 Broaden the scope of the quality assurance policy by including research and academic scholarship and all academic programmes*

While St. Thomas' quality assurance policy is fairly comprehensive, the Committee noted that St. Thomas needs to broaden its scope to ensure it adequately covers research and academic scholarship activities and all of St. Thomas' academic offerings, such as accredited programmes and interdisciplinary programmes.

Research and academic scholarship activities inform good teaching. Faculty members should be up to date on the latest developments in their fields, preferably by participating in the process of discovering new knowledge. During the site visit, the University's senior administration recognized the importance of

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[1] These guidelines are included under Appendix 1.

research and development at their University, while at the same time emphasizing that the main objective of the University is to provide students with a high quality liberal arts education, as reflected in its mission statement. St. Thomas is currently going through the process of exploring and refocusing the balance between teaching practices and research, and academic scholarship activities. The review process provides an ideal opportunity to the institution in which to address these fundamental questions both on an institutional basis and within each specific department. The Committee suggests that more emphasis be placed on research within St. Thomas' quality assessment process. The University should move beyond listing research outputs to evaluating qualitatively how research enhances teaching within the context of the individual department and the University as a whole.

The Committee suggests that components relating to the evaluation of research and academic scholarship activities be included in the *Guidelines for the Review Team*. The research and academic scholarship component should also be addressed in the external reviewers' report. In order to ensure that research and academic scholarship are included in the review team report, it is suggested that they be included in the terms of reference of the reviewers.

The Committee suggests that the University explore the idea of reviewing academic programmes rather than individual departments. This would help to address the difficulties encountered relating to the problem of reviewing departments that offer interdisciplinary programmes in conjunction with other departments. The review of certain interdisciplinary programmes, such as catholic studies, gender studies and human rights, is already scheduled in the second cycle. This suggestion expands upon the one expressed by the University in the self-study which stated that the University should consider amending the *Department Review Policy* so that it covers, in a systematic fashion, any programme in which a "major" is offered.

The Committee noted that programmes or departments subject to external accreditation reviews are currently exempt from the review process. The quality of these programmes or departments must ultimately be controlled by the University and not the accreditation body. As a result, St. Thomas University must ensure that accredited programmes meet the same internal quality standards as non-accredited programmes. While it is not the Committee's intention to have the University duplicate the accreditation process, it does feel this process should not supercede the internal review process.

An issue raised by St. Thomas on several occasions during the monitoring process relates to the review of articulated programmes within the self-study process. This is a complex issue that has proven quite challenging for all institutions, of which St. Thomas is no exception. The Committee noted that it is the responsibility of the degree granting institution to ensure the quality of its articulated programmes as the institution is ultimately responsible for the caliber of its graduates. The Committee therefore recommends that articulated programmes be included in the self-study process. The Academic Advisory Committee recently began an assessment of the effectiveness and benefits of articulated programmes. It concluded that it could not proceed with a complete assessment at this time as these programmes have not been in operation long enough and not enough data were collected by the institutions. However, the joint AAU-MPHEC Academic Advisory Committee, a standing committee of the Commission mandated to advise and assist the Commission in assuring the quality of new and modified academic programmes at post-secondary institutions, did publish a preliminary assessment of the challenges identified by universities, recommendations on ways to strengthen and sustain this programme structure and recommendations on procedural and data collection improvements to help institutions prepare for a more comprehensive assessment at a later date. Two of the recommendations relevant to St. Thomas are that the degree

granting institution and its partner(s) should assume shared responsibilities and develop an integrated approach to delivering and evaluating articulated programmes and that an inter-institutional coordinating mechanism should be established which would operate with the authority and autonomy similar to that of a university department. The complete report, *Preliminary Assessment of the Effectiveness and Benefits of Articulated Programmes Delivered in the Maritimes* (March 2003), includes a complete list of the Academic Advisory Committee's recommendations.

The University's quality assurance process could be further extended to include annual internal curriculum reviews within each department, already conducted by some departments. Although the self-study is an extremely worthwhile exercise, it is only scheduled every seven years. An annual curriculum review would allow for on-going improvement.

The University suggested amending the *Department Review Policy* to more fully incorporate the learning objectives expressed in the document *Goals of a Liberal Education at St. Thomas University*. The Committee supports this suggestion an excellent way to broaden the scope of the institution's policy.

### *4.2.2 Strengthen support to quality teaching*

St. Thomas already has in place measures to foster quality teaching. However, in light of the discussion that occurred during the site visit pertaining to the needs expressed by faculty members, among others, to obtain even more support, the Committee believes that St. Thomas would better reach its objective of promoting and maintaining high quality undergraduate liberal learning with additional measures in this area.

A practice that seems to have obtained great success on an ad-hoc basis within the institution is a mentoring programme whereby tenured professors are matched with new staff. The Committee noted that an emerging trend all across Canada in the next 10 years is likely to be an increase in young, new faculty members at universities due to the large number of faculty currently approaching retirement. This trend is expected to significantly affect St. Thomas in the next few years as 35.5% of its faculty were at least 55 years old in 1999-2000.[2] The mentoring programme would help these new faculty members implement good teaching practices in their courses by benefiting from the assistance of experienced faculty and would benefit existing faculty members in keeping up-to-date with new teaching techniques.

In order to further assist these new faculty members, it is also suggested that the role of the Learning and Teaching Development Committee be augmented. The Learning and Teaching Development Committee could offer workshops, document best practices and be a liaison between new and existing faculty. It could also assist in creating a comprehensive quality teaching programme to improve teaching quality throughout the University, which would include exploring new techniques. Adding these activities to the role of the Learning and Teaching Development Committee is beneficial not only to new staff but to all faculty within the institution.

The Committee suggest that the evaluation of teaching practices be added to the elements reviewed by the review team. The review team could comment on the department's strengths and weaknesses vis-à-vis teaching practices and provide recommendations for improvement in this area.

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[2]Maritime Provinces Higher Education Commission (MPHEC). *Faculty Recruitment and Retention in the Maritimes* (Fredericton, 2002).

Performing a review of teaching practices on an annual basis would ensure that the University's Quality Assurance programme is comprehensive while contributing to the continual improvement of teaching practices among faculty. This review could be performed in conjunction with the annual curriculum reviews, discussed earlier in 4.2.1.

### *4.2.3 Improve the continuity of the decision-making process*

In its review of St. Thomas' assessment policy and practices, the Committee noted certain gaps in the decision making process, from the department to the Senate Review Coordinating Committee and the Senate Review Coordinating Committee to the Senate. The Committee noted that St. Thomas could strengthen its decision-making process by modifying the roles of certain actors within the review process and implementing additional follow-up procedures.

The Committee noted that the process would be strengthened if the review team's recommendations were presented to Senate by an objective third party. The Vice President (Academic) appears to be well-positioned to perform this duty. However, should he take on this role, it is advised that the University replace the Vice President (Academic) as Chair of the Senate Review Coordinating Committee by another member. This will allow him to objectively provide the University's recommendations to Senate based on both the report prepared by the review team and the response from the department in question. It also removes any potential for the perception that a conflict of interest exists.

The Committee noted that the creation of the Senate Review Coordinating Committee had improved the process but that there is a potential for conflicts of interest or the appearance thereof. The Committee suggests that St. Thomas review the existing structure and role of the current Senate Review Coordinating Committee in order to reduce the potential for conflicts of interest and to enable it to better assist departments under review. In terms of the structure of the Senate Review Coordinating Committee, the Committee suggests that it be comprised of Chairs of the departments whose review has just been completed rather than of the departments scheduled for review in the following year. Members would be in a much better position to assist the departments under review, as they would have recently been through the entire process. In the year preceeding their review, Chairs of the departments scheduled for review the next year could be invited to attend meetings of the Senate Review Coordinating Committee. This would provide them with the experience required prior to the review of their departments.

The policy does contain requirements to report on the implementation of all motions adopted by Senate as a result of its consideration of the review. However, it appears that compliance with these requirements has been inconsistent. In order to improve compliance with approved recommendations, St. Thomas suggested in its self-study that Department Review Follow-Up Reports become standing items during Senate meetings. The Committee supports St. Thomas in this regard.

### *4.2.4 Modify the composition of the review team*

The Committee noted that the current composition of the review team could be modified to both improve its scope and reduce the potential conflict of interest.

The Committee recognizes that the pool of competent, independent and knowledgeable reviewers is limited in Canada and that it is not always an easy task to choose two completely independent reviewers. In order

to further increase the transparency of the process, it is suggested that the external reviewers be selected from two independent sources. The first reviewer could be selected from the list prepared by the department under review, as is current practice. The other reviewer could be chosen by senior management. The goal of this exercise would be to obtain two reviewers of different backgrounds and environments in order to obtain two different but complementary views.

The Committee suggests that St. Thomas also consider adding a third reviewer to the process who is a faculty member from another department within the University. This would increase community involvement in the process and would help address the issues related to interdisciplinary programmes. It would also aid in ensuring the transparency of the process and assist the external reviewers with an internal view of the institution. As well, this person would be able to explain the Review Team's recommendations to Senate.

The Committee noted that the overall quality of the review process could be improved by expanding the terms of reference of the review team to include their feedback on teaching practices and research and academic scholarship activities within the University, as previously mentioned in 4.2.1, and on the review process itself.

#### *4.2.5 Review the policy on a regular basis*

Including a provision to evaluate the existing quality assurance policy within the actual policy would be beneficial. This would allow the institution to determine if the process is meeting the anticipated objectives and outcomes, identify its strengths and weaknesses, implement improvements and ensure its continued relevancy. The Committee suggests that the most appropriate timeframe in which to perform this review is at the end of each cycle.

#### *4.2.6 Increase community involvement and awareness*

St. Thomas states directly in its mission statement that it "takes pride in and seeks to nurture its interaction with the community beyond the campus". It further states "We see ourselves as an important community resource. We welcome the opportunity to share our facilities, talents, and expertise with others; to form partnerships with groups and organizations—whether they are next door or around the world whose mission, goals, and objectives are in harmony with our own; and to provide cultural, religious, artistic, athletic, and social programming that enhances the quality of life of our city and our province." The University must continually seek new methods of attaining these goals.

The Committee noted that members of the community should be invited to participate in the review process. One way to achieve this objective is by adding an external reviewer to the review team from another department within the University, as discussed in the previous section. The review team should also take the time to meet with professional groups and interested members of the general public in order to obtain their opinion.

Another suggestion is that St. Thomas communicate information pertaining to the review process to the general public in the form of press releases. The publication of this information communicates to the public that the University is focussing on providing quality programmes and services to its students and gives the public increased confidence in the quality of the programmes at St. Thomas.

## 5. SUMMARY OF RECOMMANDATIONS

**RECOMMENDATION 1: Broaden the scope of the quality assurance policy by including research and academic scholarship and all academic programmes**

Possible ways to achieve this include:

- That the review of research in the quality assessment process include a qualitative component examining how a faculty's research plans are linked to teaching and the university as a whole;
- That research and academic scholarship activities be added to the elements reviewed by the review team and addressed in their report;
- That reviews be performed on academic programmes instead of individual departments;
- That programmes reviewed through an external accreditation process meet the institution's internal quality assurance standards;
- That the review of articulated programmes be included in the self-study;
- That annual internal curriculum be added to the University's quality assurance policy; and
- That the learning objectives expressed in the document *Goals of a Liberal Education at St. Thomas University* be incorporated into the University's quality assurance policy.

**RECOMMENDATION 2: Strengthen support to quality teaching**

Possible ways to achieve this include:

- That a mentoring programme be established at the University (adopted by St. Thomas University as of September 2002);
- That the role of the Learning and Teaching Development Committee be expanded to formally and systematically provide support to faculty members;
- That the evaluation of teaching practices be added to the elements reviewed by the review team; and
- That a review of teaching practices be performed on an annual basis; perhaps in conjunction with the annual internal curriculum review.

**RECOMMENDATION 3: Improve the continuity of the decision-making process**

Possible ways to achieve this include:

- That the review team's recommendations be presented to Senate by an objective third party, possibly the Vice-President Academic;
- That the Senate Review Coordinating Committee be modified so that it is comprised of Chairs of the departments whose review has just been completed rather than of the departments scheduled for review in the following year;
- That Department Review Follow-Up Reports be included as standing items at Senate meetings (adopted by St. Thomas University as of September 2002).

**RECOMMENDATION 4: Modify the composition of the review team**

Possible ways to achieve this include:

- That the selection process of the external reviewers be modified so that the two external reviewers are selected from two independent sources;
- That a third reviewer be added to the process who is a faculty member from another department within the University; and
- That the terms of reference of the review team be expanded to include feedback on the review process itself.

**RECOMMENDATION 5: Review the policy on a regular basis**

Possible ways to achieve this include:

- That the policy include a provision to evaluate the University's existing quality assurance policy.

**RECOMMENDATION 6: Increase community involvement and awareness**

Possible ways to achieve this include:

- That members of the community including students, professional groups and the general public be invited to participate in the review process; and
- That information about the review process be communicated to the general public.

## 9. CONCLUSION

The Committee compliments St. Thomas for its on-going efforts in and committment to the area of quality assurance and continuous improvement.

The Committee believes that this process has provided the University with the opportunity to promote its strengths and that the suggestions provided in this report will assist the institution in its continued efforts to improve its existing policy and procedures.

## APPENDIX 1

### ADDITIONAL DISCUSSION ITEMS

Below is a summary of several suggestions relating to items discussed during the site visit. The Committee agreed that this record of accounts, while not directly related to the actual report, contains useful and value-added information for the university and is therefore presented below. The Committee suggests that:

**Mid-term course evaluations be incorporated into the quality assurance policy at the University.**

This suggestion, brought forward by the student union, validated in the University's self-study as a matter for further consideration and strongly supported by the Committee, is the concept of the introduction of mid-term course evaluations for use by instructors. These mid-term course evaluations would be formative in nature. Several benefits could be derived from this practice. Mid-term course evaluations could provide extremely beneficial information to instructors within a timeframe that allows them to implement improvements to courses mid-stream. Equally important is that students would be able to identify a direct link between their input on course evaluations and implemented improvements. It is also hoped that, once this practice is applied, instructors will detect an improvement in overall year-end evaluations due to the fact that students should experience a higher degree of satisfaction as they will have become a much more integral part of the process and as issues would have been addressed prior to the end of the course.

**Annual reviews of professors be incorporated into the quality assurance policy at the University.**

It is suggested that annual reviews of both tenured and non-tenured professors be incorporated into the quality assurance policy at the University. The annual reviews would be formally introduced into the process in order to help instructors continually improve their teaching practices. This process should be viewed as an aid to the overall objective of promoting and maintaining high quality undergraduate learning at St. Thomas.

**Course evaluation results be disseminated to the Chair of the Department.**

While it may be controversial, the dissemination of course evaluation results to the Chair of the Department should nonetheless be considered. This would allow the Chair of the Department to work in conjunction with the faculty member in question and the Learning and Teaching Development Committee representative in order to help the faculty member improve his teaching.

**Formal mechanisms for the resolution of differences between the review team's recommendations and the departmental response to these recommendations be introduced.**

The members of the QA Monitoring Committee suggest that formal mechanisms be introduced into the process to resolve potential differences of opinion between the recommendations put forward in the review team's report and the response of the department under review or of individuals within this department. Modifying the review team to include a third reviewer from the institution, and redefining the role of the Vice President (Academic), are two mechanisms that will help the University attain this goal.

**The *Guidelines for the Review Team* include an explicit invitation to the review team to provide feedback on the review process itself.**

The University suggested amending the *Guidelines for the Review Team* to include an explicit invitation to the review team to provide feedback on the review process itself. The Committee supports this suggestion.

**The review team be hired and hosted by the SRCC or a member of the University's senior management.**

It is suggested that the external reviewers be hired as well as hosted by the SRCC or a member of the University's senior management to increase the transparency of the process and to avoid the appearance of a conflict of interest.

**An advisory panel from the broader community be created.**

The Committee suggests that the University create an advisory panel from the broader community. The mandate of this committee could include assisting in the review process and helping to inform the general public of activities and events occuring within the institution.

**Administer the *Graduate Satisfaction Survey* at another time**

The Committee suggests that the *Graduate Satisfaction Survey* be completed by graduates at times other than at convocation, as there is a strong possibility that, in all the excitement of the day, they may not take the appropriate amount of time to complete the survey and this could affect the results of the survey. The Committee is aware however that the completion rate of the survey may be reduced if the approach were to change.

**The review cycle be shortened**

St. Thomas has completed two rounds of reviews since the adoption of the *Department Review Policy* which each took seven years. The Committee believes that the review cycle should not extend past seven years, and ideally should be completed within five years.

## APPENDIX 2

**Site Visit Agenda and Participants**

Tuesday, February 19, 2002
James Dunn Hall, Room 107, St. Thomas University

| | |
|---|---|
| 10:00 | Dr. Daniel O'Brien, President<br>Dr. Richard Myers, Vice-President (Academic)* |
| 10:30 | Senate Review Coordinating Committee<br>Dr. Richard Myers<br>Dr. Elizabeth McKim (English)<br>Dr. Delbert Brodie (Psychology) |
| 11:30 | Dr. Sylvia Hale, Chair, Faculty Council<br>Andrew Moore, Vice-President (Administration), Student Union<br>John Palmer, Student Senator |
| 12:00 | Working Lunch |
| 12:45 | Dr. Ilka Thiessen and Department of Anthropology (comments on course evaluations) |
| 1:15 | Chairs of Recently Reviewed Departments<br>Dr. Gary Kenyon, Chair, Department of Gerontology<br>Dr. Gerry Baier, Acting Chair, Department of Political Science<br>Dr. Sharon Murray, Chair, Department of Education |

*present throughout the day.

Participating Quality Assurance Monitoring Committee members:
- Ms. Marie Mullally, Chair
- Dr. Henry Cowan
- Dr. Donald Wells
- Dr. Ivan Dowling

Participating MPHEC staff:
- Ms. Mireille Duguay, Chief Executive Officer
- Ms. Lisa Barwise, Finance/Research Officer
- Ms. Sharleen Bulmer, Research Officer

## APPENDIX 3

### MPHEC POLICY ON QUALITY ASSURANCE: MONITORING INSTITUTIONAL QUALITY ASSURANCE POLICIES AND PROCEDURES

**1. Objective**

The monitoring of quality assessment procedures and practices is especially important given that the cornerstone of quality assurance is self-assessment by the institutions.

The specific objective of the MPHEC monitoring function is to ascertain that the procedures used by institutions to assess the quality of existing programmes, and other functions as appropriate, are performing adequately as quality control mechanisms.

The purpose of the monitoring process is to answer the following two questions: first, "How well is the institution achieving what it set out to accomplish in its quality assurance policy?", and second, "Is the institution doing what it should be doing in the area of quality assurance?".

The process is formative; institutional policies and practices are reviewed with a view to provide assistance and advice to institutions.

**2. Focus**

The monitoring function focuses on three elements:

- the institutional quality assessment policy;
- quality assessment practices; and
- follow-up mechanisms.

The process pays particular attention to each institution's mission and values.

**3. Scope**

Given that the renewed MPHEC mandate provides for a direct focus on university education, only degree-granting institutions on the MPHEC schedule are reviewed in the context of this policy. The following institutions are included in the process:

Acadia University
Atlantic School of Theology
Dalhousie University, including Dal-Tech
Mount Allison University
Mount Saint Vincent University
Nova Scotia Agricultural College
Nova Scotia College of Art and Design
St. Francis Xavier University
Saint Mary's University
St. Thomas University
Université de Moncton
Université Sainte-Anne
University College of Cape Breton
University of King's College
University of New Brunswick
University of Prince Edward Island

**4. Cycle**

The monitoring function will be performed once at each institution in a seven-year cycle. Over the course of the seven-year cycle, two reviews per year will be conducted for the first five years, while three reviews will be conducted in each of the remaining two years of the cycle. The particular order will be established by the MPHEC Quality Assurance Monitoring Committee, in consultation with the institutions. The first review will begin in early 1999.

**5. Establishing a Baseline**

Given that it will take seven years to complete the first cycle of the monitoring process, the first step in the overall monitoring process will focus on establishing a baseline defining institutional activities and priorities in the area of quality assurance. In early 1998, each institution will be asked to provide a statement describing how compatible their current activities in the area of quality assurance are with the MPHEC quality assurance policy in general, and with the Guidelines for Institutional Quality Assurance Policies in particular. In addition, the statement should identify future priorities in the area of quality assurance. The statement will be submitted by January 1999.

## 6. A Quality Assurance Monitoring Committee

The Quality Assurance Monitoring Committee carries out the monitoring function on behalf of the Commission. It is essentially established as a peer review committee. The members are respected by the post-secondary education community, have some appreciation for, and expertise in, quality assurance and periodic programme and unit reviews, and are not current members of an institution's senior administration. The Terms of Reference of the Committee are appended to the policy.

## 7. Process and Outcomes

The monitoring process takes place over a 10- to 12-month period. Two or three institutions are reviewed simultaneously.

The quality assurance monitoring process includes the following steps:

*Step 1 Initial meeting*

Normally, the first step of the process is a meeting to clarify the expectations and the process, as well as to establish the time frame for each step.

*Step 2 Self-study*

The self-study focusses on the quality assessment and improvement processes in place at the institution under review. It is both descriptive *and* analytical and includes clear statements as to how well the quality assessment and quality improvement processes are performing, and whether these processes are adequate for the task.

The self-study provides answers to the two key questions guiding the monitoring process: first, "How well is the institution achieving what it set out to accomplish in its quality assurance policy?", and second, "Is the institution doing what it should be doing in the area of quality assurance?".

The institution has a three- to four-month period after the initial meeting to produce the self-study and forward it to the MPHEC.

*Step 3 Analysis of all pertinent documentation*

Over the course of the following six to twelve weeks, the Committee and staff analyze the documentation and request any additional information deemed necessary.

The basis of the Committee's report is the documentation forwarded by the institution, to include:

1. The institutional quality assessment policy. The Monitoring Committee uses the policy components and assessment criteria outlined elsewhere in the MPHEC Quality Assurance Policy as the backdrop to review each institutional policy;
2. The institutional self-study;
3. The list of all programme or unit assessments conducted in the last seven years. The institution may indicate which units or programmes in that list reflect particularly well the institution's mission and values; and
4. The schedule of forthcoming assessments.

From the list of assessments carried out by the institution, the Committee selects a number of assessments, normally from three to five, for further review by the Committee. The programme or unit assessments are chosen to reflect as accurately as possible the institution's mission and values. The institution is then asked to forward:

5. The complete dossier of these assessments.

*Step 4 On-site visit*

The on-site visit completes the monitoring of institutional policy and practices. The Committee meets with individuals identified during Step 2 and those identified during consultations with the institution in preparation for the visit. The objective of the on-site visit is to validate the statements offered in the self-study, as well as to verify elements contained in the assessments reviewed by the Committee.

*Step 5 Report*

The Committee prepares a report on its findings and formulates recommendations, first and foremost, to the institution. The report is forwarded to the institution to validate factual information within eight to twelve weeks following the on-site visit. The institution can submit any correction to the report within 30 days of receipt.

The report is then submitted to the Commission, accompanied by the comments and advice when applicable of the AAU-MPHEC Academic Advisory Committee. Once approved by the Commission, the report is made available by request to the public, listed as an MPHEC publication, and mentioned in the annual report filed by MPHEC.

*Step 6 Institutional response*

The institution then develops a plan of action to respond to the report, to be filed with the MPHEC no later than one year following the publication of the monitoring report. The Committee and the Commission may comment and respond to the plan of action. A brief description of the institution's plan of action, and of the Committee's or Commission's response, when applicable, are included in the next MPHEC annual report.

## 8. Review of the MPHEC Monitoring Process

At the end of the first seven-year cycle, a 12-month hiatus will be imposed to review and analyze the process. Institutions will be consulted in this review. Among the questions to be answered at that time are:

1. Has the process met the anticipated objectives and outcomes?
2. What are its strengths and weaknesses?
3. How can it be improved?
4. Is there value in pursuing it into a second cycle?

## APPENDIX A
## QUALITY ASSURANCE MONITORING COMMITTEE

### TERMS OF REFERENCE

**Purpose**

1. To advise and assist the Maritime Provinces Higher Education Commission, an agency of the Council of Maritime Premiers, in ensuring continuous improvement in the quality of academic programmes and of teaching at post-secondary institutions included within its scope by monitoring institutional quality assurance activities, as described in the MPHEC Quality Assurance Policy.

**Function**

2. The Committee shall:

   - Monitor the outcomes of institutional quality assessment policies and procedures, within the parameters established by the Commission. These parameters are described with details on the process in the Commission Quality Assurance Policy.
   - Suggest relevant research/publications to the Commission and assist in their preparation, as they relate to quality assurance.
   - Examine issues or carry out projects as the Commission may deem necessary and appropriate, as they relate to quality assurance.

**Objective of the monitoring function**

3. The specific objective of the monitoring function is to ascertain that the procedures used by institutions to assess the quality of existing programmes, and other functions as appropriate, are performing adequately as quality control and quality improvement mechanisms.

4. The purpose of the Committee in carrying out the monitoring process is to provide answers to the following two questions: first, "How well is the institution achieving what it set out to accomplish in its quality assurance policy?", and second, "Is it doing what it should be doing in the area of quality assurance?".

5. The process is intended to be formative; institutional policies and practices will be reviewed with a view to provide assistance and advice to institutions.

**Membership**

6. The Committee will be composed of seven members including the Chair.

7. At least two Committee members are also Commission members.

8. At least two, but ideally three Committee members will be selected from a list of nominees suggested by the AAU.

9. At least one, but ideally two Committee members are students.

10. One Committee member is also a member of the AAU-MPHEC Academic Advisory Committee.

11. Members are appointed for a three-year mandate. *(Note: to ensure continuity, three members of the initial membership will be appointed for a four-year mandate.)*

**Chair**

12. The Chair of the Committee is one of the Commission members appointed to the Committee and is designated by the Chair of the Commission.

13. The Chair of the Committee chairs meetings.

**Reporting Structure**

14. The Committee reports to the Commission. It shall report to the Commission at regular interval.

15. Monitoring reports are distributed to the AAU-MPHEC Academic Advisory Committee in advance of the Commission meeting to allow time for comment and advice.

**Staffing**

16. The Director of Academic Planning and Research and staff as assigned, is responsible for monitoring institutional quality assurance policies and procedures and reports to the Commission the Committee's findings and recommendations.

17. The Committee is allowed to engage outside consultants, as required, to assist in the monitoring functions.

## APPENDIX B
## GUIDELINES FOR INSTITUTIONAL QUALITY ASSURANCE POLICIES

### 1. Purpose of the Guidelines

The aim of these guidelines is to assist the institutions in establishing or improving their policies and processes and to support the Commission when assessing the policies and processes in place.

### 2. Focus of the Institutional Quality Assurance Policy

An institutional quality assurance policy should reflect the institution's mission and values. All institutions should have a quality assurance policy in place.

A quality assessment policy should focus on units (academic and other) and/or on programmes (or groups of programmes). The policy should include provisions to cover all the functions and units of the institution (research, administration, community service, etc.).

### 3. Objective of the Institutional Quality Assurance Policy

The institutional policy's objectives should be, at a minimum, to improve the quality of programmes and to ensure that stated student outcomes can be realized.

The purpose of the assessment itself should be to answer the following two questions: first, "How well is the unit or the programme achieving what it set out to accomplish?", and second, "Is it doing what it should be doing?".

### 4. Components of an Institutional Quality Assessment Policy

In addition to reflecting institutional mission and values, the institutional quality assurance policy should be comprehensive and apply to all programmes and units. It should also, at a minimum, address the following elements:

1. Identify the coordinating or administrative unit responsible for the overall management of the quality assurance process. This unit should be located at a higher echelon of the institution's administrative structure, and be accountable to the institution's leaders.

2. Define the assessment criteria (see section 5).

3. Require a self-study component, usually involving faculty and students participating in the programme or unit. The self-study should be student-centred as it would aim, in most cases to assess the quality of learning. The self-study should be structured according to the defined assessment procedures criteria. When and where appropriate, the results of accreditation may be included and/or substituted for this component, or a portion thereof.

4. Entail an external review component, usually carried out by two experts external to the institution. As appropriate, the results of accreditation may be included and/or substituted for this component, or a portion thereof.

5. Incorporate the participation of faculty not directly involved in the reviewed programme (or discipline or unit).

6. Enable the participation of the wider network of stakeholders, such as employers, graduates, professional associations, the local community, etc.

7. Include appropriate mechanisms, that is at a minimum the procedures and areas of responsibility, to ensure a proper follow up to the assessment.

8. Establish the assessment cycle, which should not exceed seven years. Newly established programmes or units should be assessed once fully implemented, usually at the three- to five-year mark.

9. Include provisions to review the policy periodically.

The policy should be tabled with the MPHEC as the body responsible for quality assurance.

## 5. Key Assessment Criteria

The assessment procedures and criteria should be student-centred, and reflect institutional mission and values. The assessment criteria should be comprehensive (i.e. to include all programme and units) and address the following elements:

1. Assess intended and delivered curriculum;
2. Review teaching practices;
3. Clarify the expected outcomes for students;
4. Examine the degree to which those outcomes are realized;
5. Evaluate the appropriateness of support provided to students;
6. Appraise the research carried out by the academic unit or by faculty involved in the reviewed programme;
7. Value the contribution of the unit or programme to other aspects of the institutional mission (community service, for example); and
8. Value the contribution of the unit or programme to the larger community or society in general.

## APPENDIX C
## ASSESSMENT CRITERIA FOR THE MPHEC MONITORING PROCESS

### I Introduction

The specific objective of the monitoring function is to review the policy, processes and procedures used by institutions to assess the quality of existing programmes and other functions as appropriate, to ensure they are performing adequately as quality control and quality improvement mechanisms.

The purpose of the Committee in carrying out the monitoring process is to provide answers to the following two questions: first, "How well is the institution achieving what it set out to accomplish in its quality assurance policy?", and second, "Is it doing what it should be doing in the area of quality assurance?". The Committee will be assessing the institution's quality assurance policy and related processes, but will not be assessing the quality of specific programmes or units.

The process is intended to be formative; institutional policies and practices will be reviewed with a view to provide assistance and advice to institutions.

### II. Assessment criteria

1. Institutional context of the policy

   a. The policy is consistent with the institution's mission and values.

2. General

   a. Appropriate scope of the policy, i.e. the policy is comprehensive in terms of reviewing all programmes and units.
   b. The policy follows the Commission's guidelines. Any discrepancy is explained/ justified
   c. The policy promotes *continuous* quality improvement.

3. Policy objectives

   a. Appropriate scope of objectives.
   b. Links to programme quality improvement.
   c. Links to decision-making process. (Use to be 3e)
   d. Links to realization of stated student outcomes.
   e. Links to the economic, cultural and social development of the university's communities.

4. Policy components

   a. Defined assessment criteria and their appropriateness, to include the adequacy of financial, human and physical resources.
   b. General guidelines for the programme/unit self-study are established and are appropriate.
   c. Objective external review process: clearly defined generic terms of reference for, and selection process for, experts.
   d. Procedures allowing for the participation of students, faculty members, staff and the community-at-large are established.
   e. (If the policy focuses on units) Mechanism(s) to review interdisciplinary programmes, typically not examined when a policy focuses on units.
   f. Identified linkages between programme review and accreditation requirements.
   g. Appropriate schedule of programme/unit reviews.
   h. Procedures to review the policy itself are identified.

5. Policy implementation (quality assessment practices)

   a. Programme/unit self-studies address the institution's assessment criteria.
   b. Programme/unit self-studies should include a component that is student-centered, as they aim, among other things, to assess the quality of learning.
   c. Students, faculty members, staff and the community-at-large participate in the review process.
   d. External review process is objective; experts selected during the peer review process have the appropriate expertise.

e. Policy and procedures monitor the continuing relevance of the programme.
f. Schedule of reviews is adhered to, or modifications to schedules can be reasonably explained or justified.
g. Required follow-up action is undertaken.

6. Policy administration

a. Coordinating or administrative unit identified as the lead is appropriate.
b. Effective support has been offered to programmes and units under review.
c. Appropriate follow-up mechanisms are in place and are functioning appropriately.
d. Assessment results have been appropriately disseminated.
e. The process informs decision-making.

(Approved - April 23, 2001)

## APPENDIX D
## GUIDELINES FOR THE PREPARATION OF THE INSTITUTIONAL SELF-STUDY

### I. Purpose and focus of the monitoring process

The specific objective of the monitoring function is to review the policy, processes and procedures used by institutions to assess the quality of existing programmes and other functions as appropriate, to ensure they are performing adequately as quality control and quality improvement mechanisms.

The process is intended to be formative; institutional policies and practices will be reviewed with a view to provide assistance and advice to institutions.

The overall monitoring process aims to provide answers to the following two questions:

a. How well is the institution's policy achieving what it set out to accomplish in the area of quality assurance?
b. Is the institution doing what it should be doing in the area of quality assurance?

The monitoring function focuses on three elements:

a. The institutional quality assurance policy;
b. The institution's quality assessment practices; and
c. Follow-up mechanisms

### II. Focus of the institutional self-study

The institutional self-study is both descriptive and analytical. It must include clear statements as to how well the quality assessment and quality improvement processes are performing, and whether these processes are adequate for the task.

The self-study should engage as many individuals involved in quality assurance within the institution as possible, in a frank, objective and balanced appraisal of strengths and areas for improvement. The self-study is the primary document on which the monitoring process is based and it is therefore important that it be well organized, clearly written and concise.

In answering the above, the institution's self-study should provide the following:

a. What is the factual situation?
b. What is the institution's assessment of the situation?
c. How are the results addressed?

The institutional self-study should only rarely exceed 30 pages, excluding appendices.

### III. AAU-MPHEC Quality Assurance Monitoring Committee's criteria for the review of the self-study

The AAU-MPHEC Quality Assurance Monitoring Committee will review the institution's self-study by answering the following questions:

a. Is the self-study comprehensive? Sufficiently critical and analytical?
b. Does the self-study provide the reader with a clear sense of the policy's objectives?
c. How have the policy's objectives been translated in practice?
d. Are the issues clearly articulated?
e. Are solutions to issues formulated?

### IV. Suggested structure and content of the report on the self-study

#### 1. Introduction

a. General history of the policy; date of initial implementation; evolution.
b. Number and types of programmes and/or units reviewed to date, etc. (list of assessments completed in the last seven years to be appended with date of review).
c. Description of future plans in this area.

**2. Institutional context**

a. How consistent is the policy with the institution's mission and values?
b. Any other element the institution believes the Committee must be aware of to proceed with the assessment of the policy.

**3. Description of the policy**

a. What is the scope of the policy? To what extent is the scope appropriate?
b. To what extent does the policy follow the Commission's guidelines? If there are any discrepancies, why?
c. How does the policy promote *continuous* quality improvement?

**4. Policy objectives**

a. What are the objectives of the policy? Is their scope appropriate?
b. How are the policy's objectives linked to programme quality improvement?
c. How are the policy's objectives linked to the decision-making process within the institution?
d. How are the policy's objectives linked to the realization of stated student outcomes?
e. How are the policy's objectives linked to the economic, cultural and social development of the institution's communities?

**5. Policy components**

a. What are the assessment criteria? Are they sufficiently defined? Are they appropriate? How is the adequacy of financial, human and physical resources assessed?
b. Are there established general guidelines for the programme/unit self-study? How are the general guidelines adapted to the varying needs and contexts of individual programmes?"
c. Are there established guidelines to ensure the external review process remains objective? For example, are there clearly defined terms of reference for, and selection process for, experts?
d. Are there established procedures allowing for the participation of students, faculty members, staff, graduates, and the community-at-large? What are they? How effective have they been?
e. (If the policy focuses on units) What are the mechanism(s) to review interdisciplinary programmes?
f. Are the guidelines regarding links between the programme/unit review process and accreditation requirements clearly identified? Are they appropriate? Useful?
g. Is there a schedule of programme/unit reviews? Is it reasonable?
h. Are there identified procedures/timelines to review the policy itself? Are they appropriate?

**6. Policy implementation (quality assessment practices)**

a. To what extent have the programme/unit self-studies addressed the institution's assessment criteria?
b. To what extent have the programme/unit self-studies been student-centered? To what extent have they aimed to assess the quality of learning?
c. To what extent have students, graduates, faculty members, staff and the community-at-large participated in the review process?
d. To what extent has the external review process been carried out in an objective fashion? Did experts selected during the peer review process have the appropriate expertise?
e. To what extent do the policy and procedures monitor the continuing relevance of the programme/unit?
f. To what extent has the schedule of reviews been adhered to? If it has not been adhered to, why?
g. To what extent has the required follow-up action generally been undertaken?

**7. Policy administration**

a. Is the identified coordinating or administrative unit identified as the lead appropriate? Effective?
b. Has effective support been offered to programmes and units under review?
c. Are there appropriate follow-up mechanisms in place? Are they effective?
d. Have the assessment results been appropriately disseminated?
e. How has the process informed the decision-making process within the institution?

**8. Conclusion**

a. How well is the policy achieving what it set out to accomplish?
b. Is the policy doing what it should be doing?
c. Solutions to address any shortcomings

**Appendices** (to institutional report)

I. Institutional policy
II. List of all programme or unit assessments conducted in the last seven years. (The institution may indicate which units or programmes in that list reflect particularly well the institution's mission and values.)
III. Schedule of forthcoming assessments.

(Approved - April 23, 2001)